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CONFIRMATION NO. 7980

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/723,996 | 11/26/2003 RULE | 705 | 3626 | 600181-018 | | |
| APPLICANTS Robert J. Polilli, Tampa, FL; Michael A. Pfalzer, Tampa, FL; Jennifer L. Brady, Odessa, FL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/27/2004 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KRISTINE K RAPILLO/ Acknowledged Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY FL | SHEETS DRAWINGS 3 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 4 |
| ADDRESS Ostrow Kaufman & Frank LLP Susan Formicola The Chrysler Building 405 Lexington Avenue, 62nd Floor NEW YORK, NY 10174 UNITED STATES | | | | | | |
| TITLE Methods and systems for providing juvenile insurance product with premium waiver feature | | | | | | |
| FILING FEE RECEIVED 986 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |